

FOSTER FAMILY PROGRAMS REQUEST FORM FOR ENHANCEMENT FUNDS

(to be completed by social worker, guardian ad litem, therapist, or other professional)

Foster Child's Name: _____

Date of birth: _____ Primary Ethnicity: _____

Amount requested: _____

What will the money be used for: _____

Justification (explain how this request will enhance the foster child's life. Use the back of this page if necessary).

Other sources you have made request to: _____

Please state reasons for denial: _____

Name, telephone and unit of the Social Worker making the request: _____

Please submit this request to: FFP Liaison/ Foster Home Licensing Unit II, 420
Waiakamilo Road, Suite 300B, Honolulu, Hawaii 96817-4941, or fax to 832-5668.

If approved, please make check payable to: _____

Please mail check to: _____

Name of person

Address

Special Handling Instructions: _____

If there is no address notated above, please mail to the child's social worker.

Approved by: _____ Date: _____

Action Taken: _____